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PTO/SB/01 (12-97)

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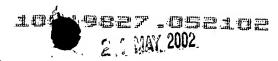
Attorney Docket Number		fraunh01.014		
First Named Invento	r	Luo		
COMPLETE IF KNOWN				
Application Number	US00/131/17			
Filing Date	5/1	5/12/2000		
Group Art Unit				
Examiner Name				
	First Named Invento COMPL Application Number Filing Date Group Art Unit	First Named Inventor COMPLETE II Application Number US0 Filing Date 5/1 Group Art Unit	First Named Inventor COMPLETE IF KNOWN Application Number US00/131/17 Filing Date 5/12/2000 Group Art Unit	

As a below named Inven	tor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Authenticating executable code and executions thereof								
the specification of which (Title of the Invention)								
is attached hereto								
OR was filed on (MM/DD/YYYY) 5/12/2000 as United States Application Number or PCT International								
Application Number US00/13117 and was amended on (MM/DD/YYYY) 10/11/01 (if applicable).								
I hereby state that I have re	eviewed and understand the	contents of the above ident	ified specificatio	n, including the claims, as				
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
	inder 35 U.S.C. 119(e) of an		application(s) lis	sted below.				
Application Number	(s) Filing Date	e (MM/DD/YYYY)						
60/133840	5/12/99			onal provisional application ers are listed on a				
60/133848	5/12/99		supple	emental priority data sheet SB/02B attached hereto.				

[Page 1 of 2]

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Utility or Design Patent Application DECLARATION -

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** (if applicable) Number (MM/DD/YYYY) 4/30/98 USSN 09/070,597 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith:

Customer Number Place Customer Number Bar Code OR

Registered practitioner(s) name/registration number listed below Label here Registration Registration Name Name Number Number Gordon E. Nelson 30,093 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 000025247 OR Correspondence address below or Bar Code Label Gordon E. Nelson Name P.O. 782 57 Central St., Box Address Address 01969 MA Rowley City State ZIP 978-948-7632 1-978-878-0156 Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Chenghui LUO Inventor's 3/26/02 Date Signature RI US Johnston China Residence: City Country Citizenship 702 Greenville Avenue Post Office Address **Post Office Address**



Johnstor

lacktriangle Additional inventors are being named on the lacktriangle

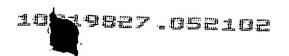
RI

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supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

	T							
Name of Additional Joint Inventor, if any:								
Jian Given ——— Name			Family Name or Surname					
Inventor's Signature				Date				
Rumford Residence: City	RI State		US Country		China Citizenship			
130 New Rd. Mailing Address								
Mailing Address								
city Rumford	RI State	02 Z	02916 US ZIP Coun		itry			
Name of Additional Joint Inventor, if any:								
Given Family Name Name or Surname								
Inventor's Signature			<u>.</u>	Date				
Residence: City	State	С	ountry		Citizenship			
Mailing Address								
Mailing Address								
City	State	Z	ZIP	Count	ry			
Name of Additional Joint Inventor, if any:								
Given Family Name Name or Surname								
Inventor's Signature Date								
Residence: City	State		Country		Citizenship			
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Mailing Address								
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